



MEMBERSHIP REGISTRATION

Name: _____

School or District: _____

School Contact Information

Street: _____

City: _____ State: _____ Zip Code: _____

School Email: _____

School Phone: _____

Home Contact Information

Street: _____

City: _____ State: _____ Zip Code: _____

Home Email: _____

Home Phone: _____

If you plan to attend the October luncheon conference, please include that amount now with your membership dues. If you plan to attend the January and/or March meetings, you have the option of including those amounts now, or may pay for them later.

- | | |
|--|----------|
| <input type="checkbox"/> Membership Dues: | \$50 |
| <input type="checkbox"/> October 16 Luncheon Conference | \$30 |
| <input type="checkbox"/> January 22 Luncheon Conference | \$30 |
| <input type="checkbox"/> March 17 Full Day Conference | \$60 |
| <input type="checkbox"/> Amount Enclosed: | \$ _____ |

*Please make checks payable to **EMFLA**.
Send registration and checks to (Do not email this form):*

Barbara Eaton
Foxboro High School
120 South St.
Foxboro, MA 02035

***Please complete and return this form by October 9th.
EMFLA cannot send invoices.***

Phone: (508) 543-1641
Fax: (508) 698-6517